

Scarsdale High School
Health Office
1057 Post Road
Scarsdale, NY 10583
(914) 721-2550 - telephone
(914) 721-2443 - fax

Authorization for Administration of Medication

Dear Parent/Guardian:

As per New York State Law, any and all medications must be prescribed by a physician and approved by a parent in order for the school nurse to administer. The medication is to be furnished to the school nurse in its original container properly labeled. Thank you for your cooperation.

Adrienne Notaro, RN
Sharon Zaicek, RN
SHS School Nurses

Student: _____

Grade: _____

Physician to complete:

Medication	Dosage	Time	Reason	Check here: <input type="checkbox"/> if student may carry & self-administer own Inhaler, Epipen & Diabetic Supplies only.

Parent Signature: _____
(required)

Date: _____

AND

Physician Signature: _____
(required)

Date: _____

Telephone # _____

OFFICE STAMP:
(required)